DLN: 93493136010349 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number **B** Check if applicable ENERGY & ENVIRONMENT LEGAL ☐ Address change INSTITUTE 26-4239065 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 722 12TH STREET NW FOURTH FLOOR ☐ Amended return ☐ Application pending (703) 981-5553 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 20005 G Gross receipts \$ 354,557 Name and address of principal officer H(a) Is this a group return for CRAIG RICHARDSON □Yes ☑No subordinates? 1610 WALDEN DR H(b) Are all subordinates MCLEAN, VA 22101 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)() ◀ (insert no) **H(c)** Group exemption number ▶ Website: ► WWW EELEGAL ORG L Year of formation 2009 M State of legal domicile CO K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ 1 Briefly describe the organization's mission or most significant activities RESEARCH ENVIRONMENTAL PUBLIC POLICY ISSUES, CONDUCT LITIGATION IN THE PUBLIC INTEREST AND EDUCATE THE PUBLIC REGARDING THOSE POLICY ISSUES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . . 767,378 351,000 Ravenue 9 Program service revenue (Part VIII, line 2g) . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 2,850 3,557 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 500 0 770,728 354,557 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 669,312 494,855 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 669,312 494,855 19 Revenue less expenses Subtract line 18 from line 12 . 101,416 -140,298 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 529,036 385,673 21 Total liabilities (Part X, line 26) . 5,289 2,224 22 Net assets or fund balances Subtract line 21 from line 20 383,449 523,747 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-07 Signature of officer Date Sign

	AIG RICHARDSON PRESIDENT-TREAS e or print name and title					
Гур	<u> </u>					
Paid	Print/Type preparer's name	Preparer's signature	Date 2019-05-15	Check I If self-employed	PTIN P00439324	
Preparer	Firm's name ► J K DAHL PC CPA			0-0527020		
Use Only	Firm's address ► 7200 S ALTON WA		Phone no (303) 790-7900		

May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions.

CENTENNIAL, CO 80112

☑ Yes ☐ No

Form	990 (2018)				Page 2
Pa	rt III Stater	ment of Program Service	Accomplishments		
	Check if	f Schedule O contains a respons	e or note to any line in this	Part III	🗆
1	Briefly describe	e the organization's mission	·		
	ARCH ENVIRON SE POLICY ISSUE		, CONDUCT LITIGATION IN	THE PUBLIC INTEREST AND EDUCATE TH	HE PUBLIC REGARDING
2	Did the organiz	zation undertake any significant	program services during the	e year which were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🗹 No
	If "Yes," descri	be these new services on Scheo	ule O		
3	Did the organiz	zation cease conducting, or mak	e significant changes in how	it conducts, any program	
		be these changes on Schedule (☐ Yes ☑ No
4	Describe the oil Section 501(c)	rganization's program service ac	complishments for each of i are required to report the a	ts three largest program services, as me mount of grants and allocations to other	asured by expenses s, the total
4a	(Code) (Expenses \$	21,762 including grants	s of \$) (Revenue \$)
	See Additional Da		,	, (,
4b	(Code) (Expenses \$	ıncluding grants	s of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants	s of \$) (Revenue \$)
4d	Other program	n services (Describe in Schedule includ	O) ng grants of \$) (Revenue \$)
4e	• •	m service expenses ▶	21,762	· · · · · · · · · · · · · · · · · · ·	<u> </u>

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Yes Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆 . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 Nο Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Nο Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Nο 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, No 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? Nο R Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? Yes 11a
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Νo assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🔧 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its
 - total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏
- Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e No
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο
- the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏
- 12a Did the organization obtain separate, independent audited financial statements for the tax year?
- 12a Nο
- b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

Nο

Νo

Nο

Nο

Nο

Νo

Nο

Νo

No

Form **990** (2018)

14h

15

16

17

18

19

20a

20b

21

Form	990 (2018)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 2	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

37

38

Part V

Nο

Nο

Νo

Nο

No

No

33

34

35a

35b

36

37

38

2

0

1a

Yes

Yes

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Rody and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la	3			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer, director, trustee, or key employee?	ther	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors or trustees, or key employees to a management company or other person? .	ervision	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	᠈. 「	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	Γ	5		No
6	Did the organization have members or stockholders?	. [6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, persons other than the governing body?		7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	ar by			
а	The governing body?		8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. [8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Ī	•		NI-

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Yes No 10a Nο b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Yes **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . 12a No b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Did the organization have a written whistleblower policy? 13 Νo Did the organization have a written document retention and destruction policy? 14 Nο Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . 15a Νo 15b Nο If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Nο b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . 13 14 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ 17 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website 🗹 Upon request 🔲 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records ► CRAIG RICHARDSON 1610 WALDEN DR MCLEAN, VA 22101 (703) 981-5553

(F)

Estimated amount of other

Form 990 (and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII							
Part VII								
	Check if Schedule O contains a response or note to any line in this Part VII							
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
year ● Lıst all	I of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount							
List all	of the organization's current key employees, if any See instructions for definition of "key employee "							
who receive	e organization's five current highest compensated employees (other than an officer, director, trustee or key employee) ed reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the n and any related organizations							
	of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 le compensation from the organization and any related organizations							
List all	of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the							

(A)

Name and Title

organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C)

Position (do not check more

than one box, unless person

(D)

Reportable

compensation

(E)

Reportable

compensation

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B)

Average

hours per

is both an officer and a week (list from the from related compensation any hours director/trustee) organizations from the organization for related (W- 2/1099-(W-2/1099organization and Individual trustee or director Highest compensated employee organizations MISC) MISC) Institutional Trustee related below dotted , employ organizations line) 40 00 (1) CRAIG RICHARDSON Χ 0 PRESIDENT-TR 5 00 (2) GREG WALCHER Χ 0 VICE PRESIDE 20 00 (3) STEVE MILLOY Х 0 0 **SECRETARY**

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Part VII	Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (col	ntinued)
	(A) Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι in of	t che unle: ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
					T	1					

1b 9	1b Sub-Total										
c T	otal from continuation sheets to Pa	art VII , Section	Α				▶ [
d٦	otal (add lines 1b and 1c)						>				
2	Total number of individuals (including of reportable compensation from the		l to thos	e list	ed a	bove	e) who	rece	eived more than \$1	00,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization >

3

4

5

1b Sub-Total											
c Total from continuation sheets to Part Ⅶ, Section A ▶											
d Total (add lines 1b and 1c) ▶											

1b Sub-Total												
c Total from continuation sheets to Pa	c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)												

1b Sub-Total											
2 Total number of individuals (including	Total number of individuals (including but not limited to those listed above) who received more than \$100,000										

Yes

3

4

5

(B)

Description of services

No

No

No

Νo

(C)

Compensation

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Part	VIII	Statement of	Revenue							
		Check if Schedule	O contains a	respo	nse or note to an		his Part VIII A)	(B)	(C)	<u> </u>
							evenue	Related or exempt	Unrelated business	Revenue excluded from
								function	revenue	tax under sections
	1a F	ederated campaign	s	1a				revenue		512 - 514
tributions, Gifts, Grants Other Similar Amounts	b M	1embership dues .		1 b						
Gra mo	c F	undraising events		1c						
fts, r A	d R	lelated organization	ıs	1d						
<u>i</u> 5 <u>F</u>	e G	iovernment grants (co	ntributions)	1e						
ons Sir	f A	ll other contributions, nd similar amounts no	gıfts, grants, t ıncluded	4.6	351,000					
outi her	a	bove		1 f	351,000					
Contributions, Gifts, Grants and Other Similar Amounts		loncash contributioi n lines 1a - 1f \$	ns included							
Cont	h T	otal. Add lines 1a-:	1f		•		351,000			
<u>1</u>					Busines	s Code	·			
Service Revenue	2a 									
2 <u>₹</u>	ь —									
Š	c —									+
32	d — e —									
Program		other program ser	vice revenue							
ď	g Tot	al. Add lines 2a-2f			>					
		estment income (in					3,557	3,557		
		lar amounts) ome from investme				>	3,337	3,337		+
						•				1
		[(ı) Real		(II) Personal					
	6a Gr	oss rents								
	b Le	ess rental expenses								
	c Re	ental income or								
		oss)				_				
	a N	et rental income or T	(loss) (ı) Securit		(II) Other					+
	7a Gro	oss amount	(i) Securit	103	(II) Other					
	ass	m sales of sets other an inventory								
		ess cost or								
	ot	her basis and iles expenses								
		ain or (loss)								
		et gain or (loss) .		-	•					
a)		oss income from fu ot including \$	_	ents of						
Other Revenue		ntributions reported e Part IV, line 18		a l						
ě		ss direct expenses		ь						
er	c Ne	t income or (loss) f	rom fundrais	ing eve	ents Þ					
o#	9a Gr Se	oss income from ga e Part IV, line 19	amıng actıvıtı	es						
		,		a						
		ss direct expenses		ь						
		t income or (loss) f oss sales of invento		activiti آ	es >					+
		turns and allowance								
	ble	ss cost of goods so	old	a b						
		et income or (loss) f		L	ory >					
		Miscellaneous F			Business Code					
	11a									
	_b -									
	U									
				\longrightarrow						+
	d All	other revenue .		\dashv						
	е То	tal. Add lines 11a-	11d		•					
	12 To	tal revenue. See I	Instructions				354,557	3,557		
							,	,		Form 990 (2018)

Part IX	Statement of Functional Expenses
	() () () () () () ()

orr	m 990 (2018)				Page 10
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		·		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
ä	a Management	459,075		459,075	
ı	Legal	3,396		3,396	
•	c Accounting	635		635	
•	il Lobbying				_
•	e Professional fundraising services See Part IV, line 17				
1	Investment management fees				
9	GOther (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	1,198	479	719	
14	Information technology	180		180	
15	Royalties				
16	Occupancy	5,600		5,600	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	2,513	2,513		
19	Conferences, conventions, and meetings	350	350		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	667	667		
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a CONTRACT SERVICES	8,000	8,000		
	b CONFERENCE CALLS	2,528	2,528		
	c WEBSITE	2,244	2,244		
	d MEALS	1,535	1,535		
	e All other expenses	6,934	3,446	3,488	
25	Total functional expenses. Add lines 1 through 24e	494,855	21,762	473,093	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

16

17 18

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33

34

Liabilities 22

Assets or Fund Balances

Net

Notes and loans receivable, net Inventories for sale or use

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	57,927	1	45,143
2	Savings and temporary cash investments	465,665	2	335,753
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	

S	0	inventories for sale of use		•		°	
V 9		Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	10,000			
	ь	Less accumulated depreciation	10 b	5,223	5,444	10 c	4,777
	11	Investments—publicly traded securities .				11	
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	e 11 .			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11				15	

529.036

1,957

3.332

5.289

523,747

523,747

529,036

16

17

18

19 20

21

22 23

24

25

26

27 28

29

30

31

32

33

34

385.673

2,224

2.224

383,449

383,449

385,673

Form **990** (2018)

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			354,557
2	Total expenses (must equal Part IX, column (A), line 25)	2			494,855
3	Revenue less expenses Subtract line 2 from line 1	3			-140,298
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			523,747
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			383,449
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule C)		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired	3ь		

Additional Data

Software Version:

EIN: 26-4239065

RESEARCH ENVIRONMENTAL PUBLIC POLICY ISSUES. CONDUCT LITIGATION IN THE PUBLIC INTEREST AND EDUCATE THE PUBLIC REGARDING THOSE POLICY ISSUES

Software ID:

Name: ENERGY & ENVIRONMENT LEGAL

Form 990 (2018)

Form 990, Part III, Line 4a:

INSTITUTE

efile	GR/	APHIC pri	nt - DO NOT P	ROCESS	As Filed Data -			DLN: 9	3493136010349
SCF	IED	ULE A		Public (Charity Statu	e and Duk	alic Supp	ort	OMB No 1545-0047
	m 990				ganization is a sect 4947(a)(1) nonexe	ion 501(c)(3)	organization o		2018
eparti	nent of	the Treasury		▶ Go to		Open to Public Inspection			
lame	e of th	n ue Service ne organiza IVIRONMENT L						Employer identific	<u></u>
VSTIT								26-4239065	
	t I				is (All organization			See instructions.	
	rganız —		•		it is (For lines 1 thro	•			
1	Ш	A church, c	onvention of chui	rches, or as	sociation of churches	described in sec i	tion 170(b)(1)	(A)(I).	
2		A school de	scribed in sectio	n 170(b)(1	l)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperative h	nospital serv	ice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		tion operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Complete F	Part II)	_	,		rernmental unit descri	bed in section 170
6		A federal, s	tate, or local gov	ernment or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7	✓	section 17	'0(b)(1)(A)(vi)	(Complete	Part II)		_	init or from the gener	al public described in
8		A communi	ty trust described	in section	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					scribed in 170(b)(1) ee instructions Enter			with a land-grant coll college or university	ege or university or a
0		from activit	ies related to its	exempt fund elated busine	ctions—subject to cer ess taxable income (le	taın exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	pport from gross
1					exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2		more public	ly supported org	anızatıons d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th). See section 509(a	
а		Type I. A sorganization	supporting organi	zation opera regularly a	ated, supervised, or c	ontrolled by its s	upported organi	zation(s), typically by of the supporting orga	
b		Type II. A manageme	supporting organ	nization supe ing organiza	tion vested in the sar			organization(s), by ha ge the supported orga	_
С		Type III f	unctionally inte	grated. A s				nd functionally integra	ted with, its
d		functionally	integrated The	organizatıor		fy a distribution	requirement and	th its supported orgar I an attentiveness req	
e							RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		or Type III non-f of supported org		integrated supporting	organization			
g g					pported organization(5)			
		lame of support	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
otal			tion Act Notice,				<u> </u> 5F :	 Schedule A (Form 9	

organization

instructions

supported organization

(b)(1)(A)(ix)

▶□

Schedule A (Form 990 or 990-EZ) 2018

Page 2

Section A. Public Support Calendar year

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 270,649 602,700 528,499 767,378 351,000 2,520,226 membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 270,649 602,700 528,499 767,378 351,000 2,520,226 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) **Public support.** Subtract line 5 from 2,520,226 line 4 Section B. Total Support Calendar year (a)2014 (b)2015 (d)2017 (e)2018 (c)2016 (f)Total (or fiscal year beginning in) ▶ 7 Amounts from line 4 270,649 602,700 528,499 767,378 351,000 2,520,226 Gross income from interest, dividends, payments received on 84 737 821 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the 2,350 2,350 business is regularly carried on 10 Other income Do not include gain or 30,250 30,250 loss from the sale of capital assets (Explain in Part VI) **Total support.** Add lines 7 through 11 2,553,647 12 Gross receipts from related activities, etc (see instructions) 6,907 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 98 690 % 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 98 470 % 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ 🗸 and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Ρ	art III	Support Schedule for						
		(Complete only if you c the organization fails to						der Part II. If
Se	ection A. I	Public Support	quality under t	.ne tests listeu	below, please co	ompiete Part II.)		
	C	alendar year	(a) 2014	(b) 2015	(c) 2016	(4) 2017	(e) 2018	(f) Total
	(or fiscal	year beginning in) 🕨 📗	(a) 2014	(B) 2015	(6) 2016	(d) 2017	(e) 2018	(I) Iotai
1		its, contributions, and hip fees received (Do not						
		y "unusual grants ")						
2		eipts from admissions,						
		se sold or services , or facilities furnished in						
	,	y that is related to the						
		on's tax-exempt purpose						
3		eipts from activities that are						
	not an unr under sect	related trade or business						
4		ues levied for the						
		on's benefit and either paid						
_		nded on its behalf						
5		of services or facilities by a governmental unit to						
		zation without charge						
6	Total. Add	d lines 1 through 5						
7a		ncluded on lines 1, 2, and						
h		from disqualified persons ncluded on lines 2 and 3						
		rom other than disqualified						
		at exceed the greater of						
	\$5,000 or 13 for the	1% of the amount on line						
c	Add lines	· .						
8		pport. (Subtract line 7c						
	from line 6							
Se		Total Support		Γ	1	, ,		
		alendar year year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	•	from line 6						
L0a	Gross inc	ome from interest,						
		, payments received on						
		loans, rents, royalties and om similar sources						
Ь		business taxable income						
		ion 511 taxes) from						
	businesse 1975	es acquired after June 30,						
c		10a and 10b						
11		ne from unrelated business						
		not included in line 10b,						
		or not the business is carried on						
12		ome Do not include gain or						
	loss from	the sale of capital assets						
12		n Part VI) pport. (Add lines 9, 10c,						
13	11, and 1							
14		years. If the Form 990 is fo	r the organization	's fırst, second, t	hird, fourth, or fift	h tax year as a sec	tion 501(c)(3)	organization,
	check this	box and stop here						▶ 🗆
		Computation of Public s			1 (6))			
15		port percentage for 2018 (lin		•	column (f))		15	
16 S	· · · · · · · · · · · · · · · · · · ·	port percentage from 2017 S					16	
		Computation of Investint income percentage for 201			line 13. column (f	7))	17	
1 <i>7</i> 18		nt income percentage from 2			,(1	,,	18	
		upport tests—2018. If the	•	•	on line 14, and lin	ne 15 is more than		ne 17 is not
		33 1/3%, check this box and s						▶ □
		support tests—2017. If the	-					· —
,		than 33 1/3%, check this box	_					▶□
20		nundation. If the organization		-				▶ □

Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Schedule A (Form 990 or 990-EZ) 2018

answer line 10b below

the organization had excess business holdings)

2

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents?

If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a

Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b

Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? 5b

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

6 7

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ)

8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pa	rt IV Supporting Organizations (continued)			-9			
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described in (a) above?	11b					
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.						
		1					
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization						
	-						
S	ection C. Type II Supporting Organizations		Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		162	140			
•	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1					
S	ection D. All Type III Supporting Organizations						
			Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
		1					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)						
		2					
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3					
_	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ions)					
_	The organization satisfied the Activities Test. Complete line 2 below	,					
	b The organization is the parent of each of its supported organizations. Complete line 3 below						
	c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınctru	ctions)				
	The organization supported a governmental entity Describe in Part VI now you supported a government entity (see	ii isti ui	ctions)				
2	Activities Test Answer (a) and (b) below.	I	Yes	No			
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a					
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b					
3	Parent of Supported Organizations Answer (a) and (b) below.	20					
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h					

instructions)

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrat	ed Type III supporting or	ganızatıon (see

Page **6**

a Applied to underdistributions of prior years

b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2019. Add lines

31 and 4c 8 Breakdown of line 7 a Excess from 2014.

Schedule A (Form 990 or 990-EZ) (2018)

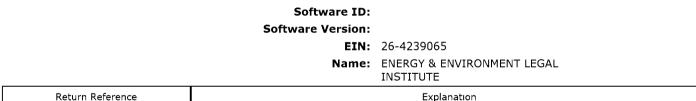
b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A	Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See						
Part VI	Section A, lines 1, Part IV, Section D	2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V					
		Facts And Circumstances Test					
)	dula A. Cumulan						
990 Scne	aule A, Supplen	nental Information					
Ref	turn Reference	Explanation					
PART II, LI	NE 10	LEGAL FEES & SETTLEMENT 30,250					

Additional Data

PART II, LINE 10



LEGAL FEES & SETTLEMENT 30,250

SCHEDULE D

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

DLN: 93493136010349 OMB No 1545-0047

Open to Public

Department of the Treasury Int

(Form 990)

Attach to Form 990.

		for the latest inform	
ENE	me of the organization RGY & ENVIRONMENT LEGAL TITUTE		Employer identification number 26-4239065
Pa	Organizations Maintaining Donor Advi Complete if the organization answered "Ye		unds or Accounts.
		(a) Donor advised funds	(b)Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex		onor advised funds are the
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?		
Pa	rt II Conservation Easements. Complete if th	ne organization answered "Yes" (on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the orga	nızatıon (check all that apply)	
	Preservation of land for public use (e g , recreation	n or education)	on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in	the form of a conservation Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a histo	oric 2d
3	Number of conservation easements modified, transferre tax year ▶	ed, released, extinguished, or termina	ated by the organization during the
4	Number of states where property subject to conservation	on easement is located >	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds		andling of violations,
6	Staff and volunteer hours devoted to monitoring, inspect	cting, handling of violations, and enfo	rcing conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^{2}$	above satisfy the requirements of se	ection 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the organization's financ	
Par	Complete if the organization answered "Ye	of Art, Historical Treasures, es" on Form 990, Part IV, line 8.	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education, or research	arch in furtherance of public service,
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items		
(i) Revenue included on Form 990, Part VIII, line 1		> \$
(i	i)Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
For	Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Cat No 52283D Schedule D (Form 990) 20

Par	t IIII	Organizations Maintaining Col	lections of A	Art, Histori	ical T	reasu	ires, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other red	cords, check	any of	the fo	llowing t	hat are a	significant	use of it	s colle	ction	
a		Public exhibition		d		Loan	or excha	inge prog	ırams				
b		Scholarly research		e		Other	r						
С		Preservation for future generations											
4	Provid Part X	de a description of the organization's col (III	lections and ex	plain how the	ey furtl	ner the	e organız	ation's ex	kempt purp	ose in			
5		g the year, did the organization solicit of s to be sold to raise funds rather than to							ular	□ Y €	es	□ N	0
Pai	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		n Form 990), Part	IV, lı	ne 9, or	reporte	ed an amo			990,	Part
1a		organization an agent, trustee, custodia led on Form 990, Part X?	an or other inte	ermediary for	contri	bution	s or othe	r assets	not	☐ Y	es	□ N	o
ь	If "Ye	s," explain the arrangement in Part XIII	and complete	the following	table		Γ			Amount			_
С		ning balance	'	_			Ī	1c					_
d	_	ons during the year					Ī	1d					_
е	Dıstrıl	butions during the year					Ī	1e					_
f	Endın	g balance					Ī	1f					_
2a	Did th	ne organization include an amount on Fo	rm 990, Part X	, line 21, for	escrow	or cu	stodial a	ccount lia	ability?	. 🗆 Y	es	□ N	– o
b		s," explain the arrangement in Part XIII											
Pa	rt V	Endowment Funds. Complete if											
		·	(a)Current ye	ear (b) P	rıor yea	r	(c)Two ye	ars back	(d)Three y	ears back	(e) Fo	ur year	s back
1a	Beginn	ing of year balance											
b	Contrib	outions											
c	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
е		expenditures for facilities ograms											
f	Admini	strative expenses											
g	End of	year balance											
2	Provid	de the estimated percentage of the curre	ent year end ba	lance (line 1	g, colu	mn (a))) held as	5					
а	Board	designated or quasi-endowment >											
b	Perma	anent endowment 🕨											
c		orarily restricted endowment 🕨											
_	•	ercentages on lines 2a, 2b, and 2c shou	•										
3a		nere endowment funds not in the posses iization by	sion of the orga	anization tha	t are n	eid an	a aamini	sterea ro	r tne		Г	Yes	No
	_	nrelated organizations								3	a(i)		
	(ii) re	elated organizations								3.	a(ii)		
b		s" on 3a(11), are the related organization	•			⁷ .					3b		
4		ibe in Part XIII the intended uses of the		endowment	funds								
Pai	rt VI	Land, Buildings, and Equipmer Complete if the organization answ		n Form 990) Dart	TV/ lu	no 112	See For	-m 990 B	art V lu	na 10	ı	
	Descri	ption of property (a) Cost or oth (investme	er basis (b) Cost or other					depreciation			ok valu	e
	Land	+											
		gs											
		old improvements											
		nent											
					:	10,000			5,223				4,777
		lines 1a through 1e (Column (d) must ed	qual Form 990,	Part X, colu			10(c)) .		<u> </u>				4,777
													

Part VII Investments—Other Securities.	Complete if the organiza	.ioii aiiswe			
See Form 990, Part X, line 12. (a) Description of security or ca (including name of security		(b) Book value	Cost	(c) Method of valuation or end-of-year market value	
1) Financial derivatives					
2) Closely-held equity interests . 3)Other					
A)					
3)					
0)					
· ()					
)					
5)					
H)					
otal. (Column (b) must equal Form 990, Part X, col (B) line	22)				
Investments—Program Related Complete if the organization answe		art IV lin	- 11c See Fo	rm 990 Part V line 13	
(a) Description of investment		ook value		(c) Method of valuation	
.)			Cost	or end-of-year market value	
2)					
3)					
, (1)					
· · · · · · · · · · · · · · · · · · ·					
· ·)					
· ')					
3)					
9)					
9) ntal. (Column (h) must equal Form 990. Part X. col (B) line 1	3 }				
otal. (Column (b) must equal Form 990, Part X, col (B) line 1	ation answered 'Yes' on For	n 990, Parl	IV, line 11d S		
otal. (Column (b) must equal Form 990, Part X, col (B) line 1		n 990, Part	IV, line 11d S	ee Form 990, Part X, line 15 (b) Boo	k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organiz	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization.)	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Other Assets. Complete if the organization (c)	ation answered 'Yes' on For	m 990, Part	: IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization of the complete in th	ation answered 'Yes' on For	m 990, Part	: IV, line 11d S		k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 Part IX Other Assets. Complete if the organization of the organi	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of	ation answered 'Yes' on For	m 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of the complete in the comp	ration answered 'Yes' on For	n 990, Part	IV, line 11d S		k value
Other Assets. Complete if the organization of the complete if the complete	(a) Description (B) line 15)			(b) Boo	k value
tal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organiz)))))))))))) ptal. (Column (b) must equal Form 990, Part X, col (B) line 1 See Form 990, Part X, line 25.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For		(b) Boo	k value
Other Assets. Complete if the organization of liabilities. Complete if the organization of liabilities. (a) Description of liabilities.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of liabilities. Complete if the organization of liabilities. (a) Description of liabilities.) (a) Description of liabilities.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organize (b) Other Assets. Complete if the organize (c) Other Assets. Complete if the organize (c) Other Assets. Complete if the organize (c) Other Liabilities. Complete if the organize (a) Description of liability (b) Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organize (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
otal. (Column (b) must equal Form 990, Part X, col (B) line 1 art IX Other Assets. Complete if the organize Other Liabilities. Complete if the organize See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the complete if	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the complete if	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the complete if	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of the Assets. Complete if the Other Liabilities.	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value
Other Assets. Complete if the organization of	(a) Description (B) line 15) organization answered 'Yes' on Formation (B) line 15 (B)	es' on For	 n 990, Part I	(b) Boo	k value

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2018

Page 4

а	Net unrealized gains (losses) on in	nvestments	2a		
b	Donated services and use of facilit	ties	2b		
c	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
e	Add lines 2a through 2d			 . 2e	
3	Subtract line 2e from line 1			 3	
4	Amounts included on Form 990, P	art VIII, line 12, but not on line 1			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b			 4c	
5	Total revenue Add lines 3 and 40	c. (This must equal Form 990, Part I, line 12)		 5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Part		s per Retu	rn.
1		dited financial statements		1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25			
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
e	Add lines 2a through 2d		٠	 2e	
3	Subtract line 2e from line 1			 3	
4	Amounts included on Form 990, P	art IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
С	Add lines 4a and 4b			 4c	
5	Total expenses Add lines 3 and 4	c. (This must equal Form 990, Part I, line 18) .	 5	<u> </u>
Par	t XIII Supplemental Info				
		art II, lines 3, 5, and 9, Part III, lines 1a and and 4b. Also complete this part to provide			ne 4, Part X, line 2, Part
,	Return Reference	Explanation	, 	 	

Schedule D (Fo	orm 990) 2018		Page 5
Part XIII	Supplemental Info	rmation (continued)	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2018

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Schedule L Form 990 or 990	-EZ) ▶ Con						d Persor		5a. 2	5b. 26		4B No	1545	-0047
	27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.						2010							
		▶Go			h to Form 990 10v/Form990		0-EZ. st informatio	n.				2018		
Department of the Trea	I					_					C)pen Insi	to Pu section	
Name of the orga								En	nploy	er ide	ntifica	tion r	umb	er
ENERGY & ENVIROR INSTITUTE	NMENT LEGAL							26	-4239	9065				
		Fransactions												
-		nization answe												
1 (a) Name of dis	qualified person		(b) k		etween disqua organization	lified person ar	na		escripti ansactio		(d) Corrected? Yes No		
													E5	110
								\perp						
								+						
					ursed by the o					, Part IV, line 26, or if (g) In (h) default? Approved by board or committee?				
Com repo (a) Name of	nplete if the o orted an amou (b) Relation	int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 o or from the lization?	, Part V, line 3 (e)Original principal amount	(f)Balance due	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Com repo (a) Name of	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	Yes" on I, line 5 Loan to	sons. Form 990-EZ, , 6, or 22 o or from the	(e)Original principal	(f)Balance	(g)	In ult?	(h Approv	n) ved by	(i) Writ greem	ten
Com repo (a) Name of	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 o or from the lization?	(e)Original principal	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Com repo (a) Name of	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 o or from the lization?	(e)Original principal	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Com repo (a) Name of	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 o or from the lization?	(e)Original principal	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Com repo (a) Name of	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 o or from the lization?	(e)Original principal	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Con repo (a) Name of nterested person	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 or from the lization?	(e)Original principal amount	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
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Con repo (a) Name of nterested person	nplete if the o orted an amou (b) Relation	rganization ansv int on Form 990 ship (c) Purpos	vered "Y I, Part X Se (d)	res" on I, line 5 Loan to organ	Form 990-EZ, , 6, or 22 or from the lization?	(e)Original principal amount	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Con repo (a) Name of nterested person	nplete if the order and amount of the order and amount of the organization of the orga	rganization answint on Form 990 ship (c) Purposition of Ioan	vered "Y, Part X	Yes" on t, line 5 Loan to organ	Form 990-EZ, , 6, or 22 or from the lization?	(e)Original principal amount	(f)Balance	(g) defa	In ult?	(h Approv boar comm	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Conrepo (a) Name of otherested person otal Otal Grant III Grant Com	nplete if the ordered an amount of the ordered an amount organization with organization of the ordered and ordered	stance Beneforganization answers	Fiting I	Yes" on the first of the first	Form 990-EZ, , 6, or 22 or from the lization? From From Sted Persons" on Form 9	(e)Original principal amount \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	(f)Balance due	(g) defa	In ult?	(H Approv boar comm Yes	ved by d or ottee?	(ag	i) Writ greem	ten ent?
Conrepo (a) Name of otherested person otal Otal Correct III Gra	nplete if the ordered an amount of the ordered an amount organization with organization of the ordered and ordered	stance Beneforganization answers	Fiting I	Yes" on the first of the first	Form 990-EZ, , 6, or 22 or from the lization?	(e)Original principal amount \$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	(f)Balance due	(g) defa	In ult?	(H Approv boar comm Yes	ved by d or ittee? No	Yes	i)Writi	ten ent?
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	person and the organization	transaction		organizatio revenues	
				Yes	No
(1) CRAIG RICHARDSON	PRESIDENT	113,075	CONTRACTED SERVICES		No
(2) STEVEN MILLOY	SECRETARY	325,000	CONTRACTED SERVICES		No

Explanation

Schedule I (Form 990 or 990-F7) 2018

Return Reference

Supplemental Information

Part V

Provide additional information for responses to questions on Schedule L (see instructions)

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Department of the T	Treasury	► Go to <u>ı</u>		n 990 or 990-EZ. <u>90</u> for the latest information.		Open to Public Inspection
·						fication number
990 Schedul	e O, Suppl	lemental Informatio	'n			
Return Reference				Explanation		
FORM 990, PAGE 6, PART VI, LINE 11B	THE BOAR	RD REVIEWS THE 990 B	EFORE FILING			

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, AVAILABLE UPON REQUEST PAGE 6, PART VI. LINE 19